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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134400	001	CITY OR TOWN	WELLESL	EY
APPLICATION FOR RENEW	VAL: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BABSO	ON COLLEGE			
DOING BUSINESS A THE I	BABSON CLUB			
ADDRESS BABSON PARK				
CITY/TOWN: WELLESLEY	STATE: MA	ZIP CODE:	02457	
MANAGER: CURRID, CHA	ARLESTYPE OF LICENSE:C	lub C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION OF LICENSE	ED PREMISES:			
TWO STORY CONFERENCE YARD.	E COMPLEX INCLUDING D	INING FCILITIES &	: AN OPEN C	COURT
I hereby certify and swear und	er penalties of perjury that:			
1. the renewed license	will be of the same type for the	ne same premises now	licensed;	
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premises are no	w open for business (If not exp	olain below)		
SIGNED BY:				
Individ	ual, Partner or Authorized Corp	porate Officer		
DATE: T	ELEPHONE NUMBER:		R IDENTIFICAT	
		(Note: NOT Inc	lividual Social Se	ecurity Number)
Acts of 2004, signed by the b	hat we are in possession (1) to building inspector and the hea e of liquor liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		
· _ ·				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1.	34400002		CITY OR TOWN	WELLESL	E I
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 92 CENTRA CITY/TOWN: WELLI MANAGER: Schlow, EMAIL ADDRESS: PLE DESCRIPTION OF LIC GROUND FLOOR;DIN TAKEOUR, PUBLIC RI	Alta Strada AL ST. ESLEY Michael N. TYPE O ASE ALSO VISIT OUR WEBST CENSED PREMISES VING ROOM & KITO	STATE: MA OF LICENSE: Resi TE AND ENTER YOUR EM : CHEN, BASEMEN	AIL ADDRESS NT;KITCHEN CA		All Alcohol
2. the licensee l	ar under penalties of license will be of the has complied with all are now open for bus	same type for the slaws of the Comm	onwealth relating		
SIGNED BY:	ndividual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N		EMPLOYE		TION NUMBER:
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspec	ctor and the head	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134400005		CI	II Y OK TOW	N WELLESL	E I
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	ITALO-AMER	ICAN EDUCATION	ONAL CI	LUB INC.		
DOING BUSINESS A	A					
ADDRESS 80 OAK S	ST.					
CITY/TOWN: WEL	LESLEY	STATE:	MA	ZIP CODE:	02482	
MANAGER: FORT	INI, JOHN	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OU	IR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTION OF L	ICENSED PRE	MISES:				
TWO ROOMS ON T	HE FIRST FLO	OR & THREE RC	OMS ON	THE SECON	ID FLOOR.	
I hereby certify and sv	vear under penal	ties of perjury tha	t :			
1. the renewe	d license will be	of the same type	for the sar	ne premises no	ow licensed;	
2. the license	e has complied v	with all laws of the	Common	wealth relating	g to taxes; and	
3. the premise	es are now open	for business (If no	t explain	below)		
SIGNED BY:						
	Individual, Par	tner or Authorized	Corporat	e Officer		
DATE:	TELEPH	ONE NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT Individual Social Security Number)		
			(4) J			204 8.7
We the undersigned Acts of 2004, signed						
license and (2) the co						
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved explain	n)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134400008		CITY OR TOWN	WELLESLEY
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PAPA RAZZI TRA	TTORIA OF WELL	ESLEY, INC.	
DOING BUSINESS	A PAPA RAZZI			
ADDRESS 014-16 W	ASHINGTON ST.			
CITY/TOWN: WEL	LLESLEY	STATE: MA	ZIP CODE:	02481
MANAGER: PRYCELIZ.	OR, TYP ABETH D.	E OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS	
DESCRIPTION OF I				CHEN, DAGENENTE
INCLUDING STORA				CHEN, BASEMENT -
I hereby certify and sy	wear under penalties	of perjury that:		
	ed license will be of t	• •	•	
	ee has complied with		· ·	o taxes; and
3. the premis	ses are now open for l	business (If not expla	in below)	
SIGNED BY:				
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
				R IDENTIFICATION NUMBER
SIGNED BY: DATE:	Individual, Partner TELEPHONI		EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE:	TELEPHONI	E NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social Security Number)
DATE: We the undersigned Acts of 2004, signed	TELEPHONI I, attest that we are I by the building ins	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc	ed by Chapter 304 of the ment for the above named
DATE: We the undersigned Acts of 2004, signed license and (2) the c	TELEPHONI I, attest that we are I by the building ins	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) e certificate require of the fire departe	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the complexed Please Check Below:	TELEPHONI I, attest that we are I by the building ins	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) c certificate required of the fire department of the company of the LOCAL LICENS	ed by Chapter 304 of the ment for the above named
DATE: We the undersigned Acts of 2004, signed license and (2) the c	TELEPHONI I, attest that we are I by the building ins	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) e certificate require of the fire departe	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	TELEPHONI I, attest that we are I by the building instertificate of liquor I	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) c certificate required of the fire department of the company of the LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the complex Check Below: APPROVED:	TELEPHONI I, attest that we are I by the building instertificate of liquor I	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) c certificate required of the fire department of the company of the LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the complex Check Below: APPROVED:	TELEPHONI I, attest that we are I by the building instertificate of liquor I	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) c certificate required of the fire department of the company of the LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134400009		CITY (OR TOWN	WELLESL	EY
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 300 WELL	A	UNTRY CLUB				
CITY/TOWN: WELL		STATE: MA	711	P CODE:	02481	
MANAGER: RYAN					ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDR	RESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
FIRST FLOOR;7 RM TENNIS BLDG. ONE COURSE.						
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for the	same pi	remises now	licensed;	
2. the licensee	e has complied with	all laws of the Comr	nonweal	lth relating t	to taxes; and	
3. the premise	es are now open for	business (If not explain	ain belo	w)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Off	ficer		
DATE:	TELEPHON	E NUMBER:	0			TON NUMBER:
			(1)	Note: NOT Inc	aiviauai Sociai S	ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building ins	spector and the head	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	11 <i>)</i>					
			-			
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF	NOVEMBER (M	И.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 134400011		CITY OR TOWN V	VELLESLE	1
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	D FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME:	LONGIVITY INC.				
DOING BUSINESS	A THE WOK REST	CAURANT			
ADDRESS 180 WO	RCESTER ROAD				
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE:	02481	
MANAGER: CHIU	J, SINK KWANTYI	PE OF LICENSE: Res	taurant CAT	EGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
ONE FULL SERVICE AND COMMERCIA		WITH TWO HANDIO	CAPPED RESTROON	AS; BAR AI	REA
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for the	same premises now lic	ensed;	
2. the licens	ee has complied with	all laws of the Comm	nonwealth relating to ta	axes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER ID		
			(Note: NOT Individ	lual Social Sec	urity Number)
We the undersigne	d, attest that we are	in possession (1) the	certificate required	by Chapter	304 of the
			of the fire department		
ncense and (2) the	certificate of inquor	nability insurance re	equired by Chapter 1	10 of the A	cts of 2010.
Please Check Below:			LOCAL LICENSIN	G AUTHOR	RITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	 ain)				
(ii disappiored expir)				
DATE:					
			<u> </u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134400	015	CITY OR TOWN	WELLESL	E I
APPLICATION FOR RENEV	WAL: Annual	LICE	NSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: BERTU	JCCI'S, INC.			
DOING BUSINESS A BERT	TUCCI'S BRICK OVEN RIST	ORANTE		
ADDRESS 380 WASHINGT	ON ST			
CITY/TOWN: WELLESLE	Y STATE: MA	ZIP CODE:	02482	
MANAGER: Kasch, Jason	TYPE OF LICENSE: R	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	t EMAIL ADDRESS		_
DESCRIPTION OF LICENSI	ED PREMISES:			
4500 SQ. FT. ON ONE LEVI OUTDOOR PATIO	EL INCLUDING 164 SEATIN	G INDOORS AND S	50 SEATS ON	
I hereby certify and swear und	ler penalties of perjury that:			
1. the renewed licens	e will be of the same type for the	he same premises nov	w licensed;	
2. the licensee has co	mplied with all laws of the Cor	mmonwealth relating	to taxes; and	
3. the premises are no	ow open for business (If not ex	plain below)		
SIGNED BY:				
Individ	lual, Partner or Authorized Cor	porate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
		(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigned attest	that we are in possession (1)	the certificate requi	rad by Chante	or 301 of the
	building inspector and the he			
license and (2) the certificat	te of liquor liability insurance	e required by Chapt	er 116 of the	Acts of 2010.
Please Check Below:		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
D 4 FFF				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134400016	CITY (OR TOWN WELL	LESLEY
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: WELLESLEY COLLEGE O	CLUB		
DOING BUSINESS A			
ADDRESS 727 WASHINGTON ST.			
CITY/TOWN: WELLESLEY STA	TE: MA ZIF	CODE: 02481	l
MANAGER: WALKER, CHERYLTYPE OF LI	CENSE:Club	CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDR	ESS	
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLOOR 1 LARGE DINING ROOM,2 SMAROOMS,OUTSEDE PATIO FOOD STORAGE & PRIVATE DINING OR FUNCTION ROOMS, FAROOM BASEMENT RECREATION ROOM & S	PREP ROOMS EL CULTY ROOMS &	EVATOR SENCON	
I hereby certify and swear under penalties of perjur	y that:		
1. the renewed license will be of the same	type for the same pr	emises now licensed	l;
2. the licensee has complied with all laws	of the Commonweal	th relating to taxes;	and
3. the premises are now open for business	(If not explain below	v)	
SIGNED BY: Individual, Partner or Author	orized Corporate Off	icer	
DATE: TELEPHONE NUME		EMPLOYER IDENTII ote: NOT Individual So	FICATION NUMBER:
	(individual Sc	char security (valider)
We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a			
license and (2) the certificate of liquor liability			
license and (2) the certificate of liquor liability in Please Check Below:	insurance required		the Acts of 2010.
Please Check Below: APPROVED:	insurance required	by Chapter 116 of	the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED:	insurance required	by Chapter 116 of	the Acts of 2010.
Please Check Below: APPROVED:	insurance required	by Chapter 116 of	the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED:	insurance required	by Chapter 116 of	the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 134400017		CITY OR TOWN	WELLESLEY
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 27 GRO	A AMARIN II			
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE:	02482
	TURAUMPOR TYI RAISORN	PE OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	LICENSED PREMIS		CADACITY 105 C	EDADATE
SERVICES AND K		ROVE ST.SEATING	CAPACITY 105, S.	EPARATE
	ises are now open for	all laws of the Comn business (If not expla or Authorized Corpo	in below)	o taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	spector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134400020		CITY OR TOWN WE	LLESLE I
APPLICATION FO	R RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	RESTCON, LLC			
DOING BUSINESS	A BLUE GINGER			
ADDRESS 583 WA	SHINGTON ST			
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE: 024	182
MANAGER: TSA C.	I, MING HAO TYP	E OF LICENSE: Resi	taurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
basement area, 1 pre entrance/exit in rear	p/pastry kitchen area, service of alcohol on	food & liquor storagoutdoor patio located	ting area, one main kitchere, 2 bathrooms & officer at the front entranceexpany of not more than 20 to 1	e, handicaped ansion of outdoor
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of t	he same type for the	same premises now licens	sed;
2. the licens	see has complied with	all laws of the Comm	onwealth relating to taxe	s; and
3. the prem	ises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEDIJON	E NIIIMDED.	EMPLOYER IDEN	TIFICATION NUMBER:
2112	TELEPHON	E NUMBER:		Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the head	certificate required by of the fire department equired by Chapter 116	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:-)			
(If disapproved expl	am)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134400021		CITY OR TOWN	WELLESL	EY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE KEBOB	GROUP INC.			
DOING BUSINESS	A SINGH, HAR	RPREET			
ADDRESS 312 WA	SHINGTON ST	REET			
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE:	02481	
MANAGER:		TYPE OF LICENSE:Re	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION OF					
OF DINING AREA	& SERVICE BA	APARTMENT COMPL IR 75 SQ FT.RECEPTIC TROOMS.2 ENTRANC	ON AREA, 1,500 SQ	_	.FT. + /-
I hereby certify and s	swear under pena	lties of perjury that:			
1. the renew	ed license will be	e of the same type for the	e same premises now	licensed;	
2. the licens	ee has complied	with all laws of the Com	monwealth relating to	o taxes; and	
3. the premi	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY:	Individual Par	rtner or Authorized Corp	orate Officer		
	individual, i ui	tuler of Humonized Corp	orate officer		
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
	TELEFF	TONE NUMBER.	(Note: NOT Ind		
Acts of 2004, signed	d by the building	eare in possession (1) the g inspector and the hea uor liability insurance	d of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	- ')				
(If disapproved expla	ain)				
DATE:			-		
DINIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134400023		CITY OR TOWN	WELLESLEY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LS & LZ INC	C.		
DOING BUSINESS	A CK'S REST	CAURANT		
ADDRESS 015-17 V	VASHINGTO	N ST		
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE:	02481
MANAGER: SAU KWA		TYPE OF LICENSE:R	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
AREA, BAR AND D	DINING AREA	REET LEVEL. STREET AS, BASEMENT:EMPLO GE ROOM, WALK IN CO	YEE REST ROOMS	
 the renew the license 	ed license will ee has complie ses are now op	nalties of perjury that: be of the same type for the d with all laws of the Coren for business (If not expenses on Authorized Core	nmonwealth relating blain below)	
	maividuai, P	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the buildi	ing inspector and the he	ad of the fire depart	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ain)			
(ii disupproved expit	···· <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134400025		CITY OR TOWN	WELLESL	EY
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: CHU WU, IN DOING BUSINESS A CHINA SK ADDRESS 11 FOREST ST				
CITY/TOWN: WELLESLEY	STATE: MA	ZIP CODE:	02481	
MANAGER: WU, VINCENT	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PR SINGLE COMMERCIAL BUILDIN ROOM, TWO RESTROOMS, KITCO BAR	NG. CONSISTS OF 4295 S			
I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open SIGNED BY: Individual P	be of the same type for the d with all laws of the Comm	nonwealth relating to in below)		
DATE	PHONE NUMBER:			ION NUMBER: ecurity Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi license and (2) the certificate of li	ng inspector and the head	of the fire departs	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134400027		CITY (OR TOWN	WELLESL	EY
APPLICATION FOR	RENEWAL:	Annu CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 190 B LIN	THE COTTA	AGE				
CITY/TOWN: WELL	LESLEY	STATE:	MA ZIP	CODE:	02482	
MANAGER: WOLF	E, JOHN	TYPE OF LICENS	SE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDR	ESS		1
4932 SQ. FT. LOCAT ENTRANCE AND PA PATIO						ING ON
2. the licensee	d license will be has complied	e of the same type i with all laws of the n for business (If no	for the same pro Commonweal	th relating to		
SIGNED BY:	Individual, Par	rtner or Authorized	Corporate Off	icer		
DATE:	TELEPI	HONE NUMBER:	(N			TION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the buildin	g inspector and th	e head of the f	fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134400028		CITY OR TOWN	WELLESLEY			
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013			
		CLASS		YEAR			
DOING BUSINESS	ASIAN WELLESLE A ASIAN WELLESLI	EY					
	'ASHINGTON STREE'						
CITY/TOWN: WE	LLESLEY	STATE: MA	ZIP CODE:	02482			
MANAGER: ZHE WEN	NG, TYPE NFANG	OF LICENSE: Res	taurant CA	ATEGORY: All A	lcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS				
	LICENSED PREMISE				_		
	RESTAURANT CONS INCLUDING 2580 SQ			160 SQ FT ON THI	크		
	swear under penalties of						
1. the renew	red license will be of the	e same type for the	same premises now	licensed;			
2. the licens	ee has complied with al	l laws of the Comn	nonwealth relating to	o taxes; and			
3. the premi	ses are now open for bu	siness (If not expla	in below)				
SIGNED BY: Individual, Partner or Authorized Corporate Officer							
D. 1.000							
DATE:	DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check Below:			LOCAL LICENS	ING AUTHORITY	•		
APPROVED:			By:				
DISAPPROVED: (If disapproved explain)							
(11 disappioved expir	am <i>j</i>						
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134400029		CITYORI	OWN WELLES	LEI
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	CALIFORNIA I	PIZZA KITCHEN INC	2,		
DOING BUSINESS A	CALIFORNIA	PIZZA KITCHEN			
ADDRESS 183 LIND	EN STREET				
CITY/TOWN: WELI	LESLEY	STATE: MA	ZIP CO	DE: 02482	
MANAGER: GARD	EN, DAN T	YPE OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	MISES:			
RESTAURANT CON STREET TOATAL SI					
I hereby certify and sw	ear under penalt	ies of perjury that:			
1. the renewed	d license will be	of the same type for th	e same premis	ses now licensed;	
2. the licensee	has complied w	rith all laws of the Com	nmonwealth re	lating to taxes; and	
3. the premise	s are now open f	for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>I</u>	NOT Individual Social	Security Number)
We the undersigned.	attest that we a	are in possession (1) th	he certificate	required by Chap	ter 304 of the
Acts of 2004, signed	by the building	inspector and the hea	ad of the fire	department for th	e above named
license and (2) the ce	rtificate of lique	or liability insurance	required by (Chapter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL L	ICENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:	_				
(If disapproved explain	1)				
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 134400030		CITY OR TOWN	WELLESLEY		
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
LICENSEE NA	AME: KOSTAS P. PAP	AKONSTANTINOU	Г			
DOING BUSI	NESS A MILESONE RE	STAURANT				
ADDRESS 13	CENTRAL STREET					
CITY/TOWN:	WELLESLEY	STATE: MA	ZIP CODE:	02482		
MANAGER:	PAPAKONSTANTI TY NOU, KOSTAS P.	PE OF LICENSE:R	estaurant Ca	ATEGORY: All Alcohol		
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTIO	N OF LICENSED PREM	ISES:				
STORY BUIL 106 AND A SI DINING ROO	T SPACE CONSISTING DING AT 13 CENTRAL ECOND EGRESS ONTO M, COUNTER WITH 16 DOOR SEATING AREA	STREET; A FAMIL PRIVATE ALLEYV STOOLS, TWO RE	Y RESTAURANT W VAYFIRST FLOO STROOMS, KITCHI	VITH SEATING FOR R INCLUDES EN, STORAGE		
I hereby certify	y and swear under penaltie	s of perjury that:				
1. the	renewed license will be of	f the same type for th	e same premises now	licensed;		
2. the	licensee has complied wit	h all laws of the Com	nmonwealth relating to	o taxes; and		
3. the	premises are now open fo	r business (If not exp	lain below)			
SIGNED BY:		r or Authorized Corp	porate Officer			
DATE:	TEI EDUO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:		
	TELEFHO	NE NUMBER.	(Note: NOT Individual Social Security Number)			
Acts of 2004,	signed by the building in	spector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.		
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY		
APPROVED:	Ш					
DISAPPROVI						
(If disapproved	і ехріані)					
DATE:						